SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

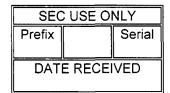
OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

JUN 1 5 2004

FORM D



PROCESSED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

THE NICKEL PALACE'S Regulation D Offering

Name of Offering (check if this is a	an amendment	and name has	changed, and ii	ndicate change.)	
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	
Type of Filing: [X] New Filing [] Amendment	<u>:</u>			



A. BASIC IDENTIFICATION DATA
Enter the information requested about the issuer
THE NICKEL PALACE, LLC
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
12210 ½ NEBRASKA AVE. STE. 6, LOS ANGELES, CALIFORNIA 90025
Address of Executive Offices (Number and Street, City, State, Zip Code)
(310) 943-4365
Telephone Number (Including Area Code)
12210 ½ NEBRASKA AVE. STE. 6, LOS ANGELES, CALIFORNIA 90025
Address of Principal Business Operations (Number and Street, City, State, Zip Code)
Telephone Number (Including Area Code) (if different from Executive Offices)
The Nickel Palace, LLC is an independent film production company that develops,
produces, markets, distributes and/or sells filmed entertainment to the world markets.
Brief Description of Business
Type of Business Organization
[] corporation [] limited partnership, already formed [X] other (please specify):] business trust [] limited partnership, to be formed Limited Liability Company
Month Year
Actual or Estimated Date of Incorporation or Organization: [0]5] [0]4] [X]Actual []Estimate Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D][E]
GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on

the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X] Beneficial Owner	[X] Executive Officer	[] Director [X]	General and/or Managing Partner
MARC FUSCO				
Full Name (Last nam	ne first, if individual)			
12210 ½ NEBRASI	KA AVE. STE. 6, LOS ANGEL	LES, CALIFORNIA	90025	
Business or Resider	nce Address (Number and Stree	et City State Zin Co	ode)	

	•	ner	Officer				Managi Partner
MIKE GABRAWY			•				
Full Name (Last nam	ne first, if individual)						
12210 ½ NEBRASI	KA AVE. STE. 6, LOS	ANGELES, CA	ALIFORNIA 9002	25			
Business or Resider	nce Address (Number a	and Street, City,	State, Zip Code)				
Check Box(es) that Apply:	[X] Promoter [X] Ber Owi		Executive [Officer	[]	Director		Genera Managi Partner
MICHAEL GARRITY	•						
Full Name (Last nar	ne first, if individual)						Annual - La desenviro
12210 ½ NEBRASE	KA AVE. STE. 6, LOS	ANGELES, CA	ALIFORNIA 9002	25			
Business or Resider	nce Address (Number a	and Street, City,	State, Zip Code)				
Check Box(es) that Apply:	[] Promoter [] Ber Ow		Executive [Officer	[]	Director	•	Genera Managi Partner
Full Name (Last name	ne first, if individual)			212			
Business or Resider	nce Address (Number a	and Street, City,	State, Zip Code)				
Check Box(es) that Apply:	[] Promoter [] Ber Ow		Executive Officer	[]	Director		Genera Managi Partner
Full Name (Last nar	ne first, if individual)						
Business or Resider	nce Address (Number a	and Street, City,	State, Zip Code)			:	

Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nan	ne first, if individua	al)			
Business or Resider	nce Address (Num	ber and Street	, City, State, Zip Co	de)	
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individua	al)			,
Business or Resider	nce Address (Num	ber and Street	, City, State, Zip Co	de)	a harana
(Use blank sh	eet, or copy and	use additiona	l copies of this sh	eet, as necessary	.)
	B, INFO	RMATION ABO	OUT OFFERING		
1. Has the issuer solooffering?				l investors in this	Yes No [] [X]
What is the minim Does the offering	um investment tha	at will be accep		lual?	
4. Enter the informati directly or indirectly, a connection with sales person or agent of a the name of the brok persons of such a bronly.	any commission o s of securities in the broker or dealer ner er or dealer. If mo	r similar remun ne offering. If a egistered with t ore than five (5)	peration for solicitating person to be listed the SEC and/or with persons to be listed	on of purchasers ir is an associated a state or states, I d are associated	ist
Full Name (Last nam	ne first, if individua	al)			······································
Business or Resider	nce Address (Num	ber and Street	, City, State, Zip Co	de)	
Name of Associated	Broker or Dealer				
States in Which Per (Check "All States" [AL] [AK] [AZ]			*******	[]	All States [HI] [ID]

[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]
Full N	ame (La	st name	e first, if	individua	al)							
Busin	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name	Name of Associated Broker or Dealer											
States	s in Whic	ch Perso	on Listed	Has So	licited o	r Intends	to Solici	t Purcha	sers			5
					dual Sta					[] All St	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	st name	e first, if	individua	ai)		· · · · · · · · · · · · · · · · · · ·					=
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			=
Name	of Asso	ciated E	Broker o	r Dealer								25
States	s in Whi	ch Perso	on Listed	Has So	olicited o	r Intends	to Solici	t Purcha	sers			
		States"				ates)				[] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Use bla	ank she	et, or co	py and	use add	ditional	copies c	of this sh	neet, as	necessa	ry.)	<u></u>
	`		•	. ,			•		ŕ		• ,	
C.	OFFER	ING PR	ICE, NU	MBER (OF INVE	STORS,	EXPEN	SES ANI	USE O	F PROC	EEDS	
1. Ent	er the a	ggregate	e offering	price o	f securit	ies inclu	ded in thi	s offering	9			=
								or "zero."				
							ox and i	ndicate i hange	11			
	lready e							J -				

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Offering Price	Sold
Debt\$		\$
	27,500,000	\$ 0
[] Common [X] Preferred		
Convertible Securities (including warrants)\$	0	\$0
Partnership Interests\$	00	\$0
Other (Specify). \$	0	\$0
Total\$	27,500,000	\$ <u> </u>
Answer also in Appendix, Column 3, if filing under ULOE.		

Aggregate

Amount Already

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the

Type of Security

number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero "

Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	Number Investors 0 0 0 0	Aggregate Dollar Amount of Purchases \$ 0 \$ 0 \$ 0
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security	Dollar Amount Sold \$ 0 \$ 0 \$ 0 \$ 0 \$ 0
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		• 0
Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Offering preparation, promotion expense editing Total		\$ 0 \$ 2,000 \$ 5,000 \$ 2,000 \$ 0 \$ 2,750,000 \$ 11,000 \$ 2,770,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 24,730,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	·	Payments to Officers, Directors, &	Payments To Others
		Affiliates	
Salaries and fees		[x] \$ <u>560,000</u>	
Purchase of real estate		[]\$0_	[]\$0
Purchase, rental or leasing and installation of mach and equipment		[]\$_0	[]\$0
Construction or leasing of plant buildings and facilit		[]\$0	[]\$0
Acquisition of other businesses (including the value securities involved in this offering that may be used		[]\$0	[]\$0
exchange for the assets or securities of another is:			
pursuant to a merger)			
Repayment of indebtedness		[]\$0	[]\$0
Working capital		[]\$0	
Other (specify): Production budgets of several fi	lms	[]\$0	
		[]\$	[]\$
Column Totals		[]\$_560,000	[] \$24,170,000
Total Payments Listed (column totals added)	,	[]\$24,730,	
D. FEDERAL SIGNA	ATURE		
The issuer has duly caused this notice to be signed by the	ne undersigned duly	authorized pers	on If
this notice is filed under Rule 505, the following signatur			
to furnish to the U.S. Securities and Exchange Commiss			
information furnished by the issuer to any non-accredite	d investor pursuant	to paragraph (b)	(2) of
Rule 502.			
Issuer (Print or Type)	Cianotura		Pate
1	Signature		/
THE NICKEL PALACE, LLC	Many		6-9-04
Name of Signer (Print or Type)	Title of Signer (Prin	or Type)	
Marc Fusco	Managing Memi	per	
ATTENTION			
Intentional misstatements or omissions of fact const		nal violations. (See 18
U.S.C. 1001.)			
·			
E. STATE SIGNAT	URE		<u></u>
		12 12 12 12	
1. Is any party described in 17 CFR 230.262 presently supprovisions of such rule?	ubject to any of the o	disqualification	Yes No
provisions of such fule?			[][X]
See Appendix, Column 5, for			
2. The undersigned issuer hereby undertakes to furnish			
which this notice is filed, a notice on Form D (17 CFR 23	39,500) at such time	s as required by	state
law. 3. The undersigned issuer hereby undertakes to furnish	to the state adminis	tratore unan seri	tton
The undersigned issuer hereby undertakes to furnish request, information furnished by the issuer to offerees.	to the state adminis	uators, upon wn	uen
request, information farmoned by the leader to offerees.			

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
THE NICKEL PALACE, LLC	Wast 6-9-04
Name of Signer (Print or Type)	Title (Print or Type)
Marc Fusco	Managing Member

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.